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CONFIRMATION NO. 7662

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|---|---|-------------------------|---|---|
| SERIAL NUMBER 10/820,471 | FILING OR 371(c) DATE 04/07/2004 RULE | CLASS 340 | GROUP ART UNIT 2612 | ATTORNEY DOCKET NO. R003 100039 |
| APPLICANTS John Robinson, Santa Barbara, CA; | | | | |
| ** CONTINUING DATA ***** <i>file</i> This appln claims benefit of 60/461,684 04/09/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>No file</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/08/2005 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowances</i> Verified and <i>HA</i> Acknowledged <i>HA</i> | | STATE OR COUNTRY CA | SHEETS DRAWING 5 | TOTAL CLAIMS 15 |
| Examiner's Signature <i>[Signature]</i> Initials <i>HA</i> | | INDEPENDENT CLAIMS 2 | | |
| ADDRESS 32662 | | | | |
| TITLE Emergency response data transmission system | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |